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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1389-4
First Named Inventor	AL-ASSAF Saphwan
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODIFIED GUM ARABIC AND USE THEREOF

(Title of the Invention)

the specification of which

 is attached hereto**OR**

was filed on (MM/DD/YYYY) 04/09/2004 as United States Application Number or PCT International

Application Number PCT/JP2004/005146 and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
2003-105903	Japan	04/09/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px;"> </span>		OR <input checked="" type="checkbox"/> Correspondence address below						
<p><b>Name</b> Sheldon Palmer c/o Galvin &amp; Palmer</p> <p><b>Address</b> 630 Third Avenue - Suite 1400</p> <table border="1"> <tr> <td><b>City</b> New York</td> <td><b>State</b> NY</td> <td><b>ZIP</b> 10017</td> </tr> <tr> <td><b>Country</b> USA</td> <td><b>Telephone</b> 212-983-8900</td> <td><b>Fax</b> 212-983-8903</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			<b>City</b> New York	<b>State</b> NY	<b>ZIP</b> 10017	<b>Country</b> USA	<b>Telephone</b> 212-983-8900	<b>Fax</b> 212-983-8903
<b>City</b> New York	<b>State</b> NY	<b>ZIP</b> 10017						
<b>Country</b> USA	<b>Telephone</b> 212-983-8900	<b>Fax</b> 212-983-8903						
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b> Saphwan		<b>Family Name or Surname</b> AL-ASSAF						
<b>Inventor's Signature</b> 		<b>Date</b> August 15, 2005						
<b>Residence: City</b> Wrexham	<b>State</b>	<b>Country</b> United Kingdom						
		<b>Citizenship</b> United Kingdom						
<p><b>Mailing Address</b> 2 Orchard Cottages, Plas Coch Road</p> <table border="1"> <tr> <td><b>City</b> Wrexham</td> <td><b>State</b></td> <td><b>Zip</b> LL11 2BW</td> <td><b>Country</b> United Kingdom</td> </tr> </table>			<b>City</b> Wrexham	<b>State</b>	<b>Zip</b> LL11 2BW	<b>Country</b> United Kingdom		
<b>City</b> Wrexham	<b>State</b>	<b>Zip</b> LL11 2BW	<b>Country</b> United Kingdom					
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b> Glyn Owen		<b>Family Name or Surname</b> PHILLIPS						
<b>Inventor's Signature</b> 		<b>Date</b> August 11, 2005						
<b>Residence: City</b> London	<b>State</b>	<b>Country</b> United Kingdom						
		<b>Citizenship</b> United Kingdom						
<p><b>Mailing Address</b> c/o PHILLIPS HYDROCOLLOIDS RESEARCH LIMITED, 45 Old Bond Street</p> <table border="1"> <tr> <td><b>City</b> London</td> <td><b>State</b></td> <td><b>Zip</b> W1S 4AQ</td> <td><b>Country</b> United Kingdom</td> </tr> </table>			<b>City</b> London	<b>State</b>	<b>Zip</b> W1S 4AQ	<b>Country</b> United Kingdom		
<b>City</b> London	<b>State</b>	<b>Zip</b> W1S 4AQ	<b>Country</b> United Kingdom					
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Yasushi		SASAKI	
Inventor's Signature	September 22, 2005 Date		
Toyonaka-shi Residence: City	Osaka 5618588 State	Japan Country	Japan Citizenship
c/o SAN-EI GEN F.F.I., INC., 1-1-11, Sanwa-cho			
Mailing Address			
Toyonaka-shi City	Osaka State	5618588 Zip	Japan Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tsuyoshi		KATAYAMA	
Inventor's Signature	September 22, 2005 Date		
Toyonaka-shi Residence: City	Osaka 5618588 State	Japan Country	Japan Citizenship
c/o SAN-EI GEN F.F.I., INC., 1-1-11, Sanwa-cho			
Mailing Address			
Toyonaka-shi City	Osaka State	5618588 Zip	Japan Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	AL-ASSAF Saphwan
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	1389-4

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Sheldon Palmer	24,429

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sheldon Palmer			
Address	630 Third Avenue - Suite 1400			
City	New York	State	NY	Zip
Country	USA			
Telephone	212-983-8900	Fax	212-983-8903	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	Aug 15, 05
Name	AL-ASSAF Saphwan	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
Second Named Inventor	PHILLIPS Glyn Owen
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	1389-4

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
Sheldon Palmer	24,429

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 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Sheldon Palmer			
Address		630 Third Avenue - Suite 1400			
City	New York	State	NY	Zip	10017
Country	USA				
Telephone	212-983-8900	Fax	212-983-8903		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Glyn Owen Phillips</i>	Date	August 11, 2005
Name	PHILLIPS Glyn Owen	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 4 forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
Third Named Inventor	SASAKI Yasushi
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	1389-4

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number
Sheldon Palmer	24,429

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<input checked="" type="checkbox"/>	Firm or Individual Name	Sheldon Palmer	
Address	630 Third Avenue - Suite 1400		
City	New York	State	NY
Country	USA		
Telephone	212-983-8900	Fax	212-983-8903

I am the:

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Y. Sasaki</i>	Date	September 22, 2005
Name	SASAKI Yasushi	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of **4** forms are submitted.

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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
Fourth Named Inventor	KATAYAMA Tsuyoshi
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	1389-4

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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 The address associated with Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sheldon Palmer		
Address	630 Third Avenue - Suite 1400		
City	New York	State	NY
Country	USA		
Telephone	212-983-8900	Fax	212-983-8903

I am the:

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	<i>T. Katayama</i>	Date	September 22, 2005
Name	KATAYAMA Tsuyoshi	Telephone	
Title and Company			

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